TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711
oep@tdlr.texas.gov • www.tdlr.texas.gov

OFFENDER EDUCATION PROGRAM BRANCH APPLICATION INSTRUCTIONS

Each entity desiring to apply for an Offender Education Program branch location shall provide an application for approval that shall be in compliance with 16 TAC 90 and TDLR established guidelines.

1. LEGAL NAME OF PROGRAM – Enter the legal name of the program. This is the name you will be licensed under.

2. APPLICATION FEE – $5.00 Per Branch (NON-REFUNDABLE)

3. DBA NAME OF PROGRAM – Enter the DBA name of the program if the legal name of the program differs. This is the name that is used in advertisements.

4. Program Certification Number – Enter the Program Certification Number

5. ORGANIZATION TYPE – Select the organization type for your business

6. OFFENDER EDUCATION PROGRAM – Indicate program application type and indicate if the course will be offered in Spanish. A separate application will need to be submitted for each license type.

7. PROGRAM HEADQUARTERS MAILING ADDRESS AND CONTACT INFORMATION – Enter the mailing address, phone number, fax number, email address, and website address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone, number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.

8. BRANCH PHYSICAL ADDRESS – Enter the physical address of each Branch being applied for. This address is the actual business location and where permanent records must be kept for auditing and inspection purposes. A post office box or residential address is not acceptable for the physical address.

9. OWNER CONTACT INFORMATION – List the name, title contact information and ownership information for each owner

10. PROGRAM ADMINISTRATOR CONTACT INFORMATION – Enter the contact information for the certified instructor who is authorized to act on behalf of the certified provider. (if owner is different than administer.)

11. ADDITIONAL ADMINISTRATORS/INSTRUCTORS – List all other administrators and instructors associated to the program.

12. STATEMENT OF APPLICANT – Application must be signed by the owner, officer or other authorized representative. You must print your name, sign and date the application.

SEND YOUR COMPLETED APPLICATION AND FEE TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Keep a copy of your completed application and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at https://www.tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments as needed at https://www.tdlr.texas.gov/help. Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

TDLR Form OEP102N rev April 2021

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OFFENDER EDUCATION PROGRAM BRANCH APPLICATION

1. Legal Name of Program:	**2. Application Fee:** (Non-Refundable) **$5.00/Branch**
3. Doing Business As (DBA) Name of Program: (If different from Legal Name)	**4. Program Certification Number:**

5. Organization Type: (check one)

☐ Sole Proprietor   ☐ Partnership   ☐ Corporation   ☐ Limited Liability   ☐ Government

6. Offender Education Program: (check one program - submit a separate application for each program type.)

☐ Alcohol Education Program for Minors   ☐ Drug Offender Education Program

☐ DWI Education Program   ☐ DWI Intervention Program

☐ Indicate if the course will be offered in Spanish.

7. Program Headquarters Mailing Address and Contact Information:

_____

Number, Street Name, Suite Number/Building Number   **City, State, Zip Code**

_____

Email Address   **Phone Number**   **Web Address**

_____

Contact Person's Name   **Phone Number**   **Email Address**

8. Branch Physical Address:

_____

Number, Street Name, Suite Number/Building Number   **City, State, Zip Code**   **County**

_____

Number, Street Name, Suite Number/Building Number   **City, State, Zip Code**   **County**

_____

Number, Street Name, Suite Number/Building Number   **City, State, Zip Code**   **County**

_____

Number, Street Name, Suite Number/Building Number   **City, State, Zip Code**   **County**

9. Owner Contact Information:

_____

Owner Name

_____

Number, Street Name, Suite Number/Apartment Number   **City, State, Zip Code**

_____

Phone Number   **Email Address**

10. Branch Administrator Contact Information:

_____   _____   _____
Name   **Instructor License Number**   **Expiration Date**

_____
Phone Number   **Email Address**

_____
Number, Street Name, Suite Number/Apartment Number   **City, State, Zip Code**

11. Additional Administrator/Instructor Information:

Administrator Name	Physical Site Address	Instructor License Number	Expiration Date
Administrator Name	Physical Site Address	Instructor License Number	Expiration Date
Administrator Name	Physical Site Address	Instructor License Number	Expiration Date
Administrator Name	Physical Site Address	Instructor License Number	Expiration Date

Instructor Name	Physical Site Address	Instructor License Number	Expiration Date
Instructor Name	Physical Site Address	Instructor License Number	Expiration Date
Instructor Name	Physical Site Address	Instructor License Number	Expiration Date
Instructor Name	Physical Site Address	Instructor License Number	Expiration Date

12.   STATEMENT OF APPLICANT

By signing this application I certify that all information submitted on this application is true and accurate. I certify that I will comply with all applicable rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 90). I understand that providing false information on this application and all attachments may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

_____   _____
Signature of Owner, Officer, or Authorized Representative   Date Signed

_____   _____
Printed Name of Owner, Officer, or Authorized Representative   Title